	PATENT A	RD		~	•	1	S/ 5	I					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									. EN	ITITY	OR	OTHER SMALL	
TC	TAL CLAIMS							RATI	Ξ	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	39 minus 20=		. 19			X\$ 9=			OR	X\$18=	
IND	EPENDENT CL	AIMS	3 minus 3 =		*			X40=			OR	X80=	
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT		To an institute planets and				+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA				TOTAL	
CLAIMS AS AMENDED - PART II											3	OTHER	THAN
	(Column 1) (Column 2) (Column 2)						1 6	SMAI	L	ENTITY	OR	SMALL	
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT	120	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT		Ξ	ADDI- TIONAL FEE	<i>-</i>	RATE	ADDI- TIONAL FEE
	Total	* 32	Minus	** (39	=		X\$ 9	=		OR	X\$18=	
AME	Independent	. 3	Minus	***	3	=	X40		=		OR	X80= /	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						The state of the s	+135	_		OR	+270≠	
	·								ΓAL		OB.	TOTAL	
		(Column 1)	olumn 1) (Column 2) (Colum					ADDIT. F	ΈE	,		ADDIT. FEE	on the second of
B	· ·	CLAIMS REMAINING	-0.000	HIGH	HEST MBER	PRESENT		5.47	_	ADDI-		5.75	ADDI-
IDMENT		AFTER AMENDMENT			OUSLY	EXTRA		RATI	_	TIONAL FEE		RATE	TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	
AMEN	Independent	*	Minus	***	T OL A114	=		X40=	=		OR	X80=	
┞	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM			+135	=		OR	+270=	
							ļ	TO		ALL CONTRACTOR AND ALL OF THE CONTRACTOR	OR	TOTAL ADDIT. FEE	
ADDIT. FEE												ADDIT. FEE	e Teacher S. S. C.
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	2	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N N	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=				X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270=	
	If the "Highest Nu	mn 1 is less than t mber Previously P imber Previously P	aid For" IN THI	S SPACE	is less tha	ın 20, enter "20)."	TO1 ADDIT. F			OR	TOTAL ADDIT. FEE	The Hand Address of
	The "Highest Nur	imber Previously Pa nber Previously Pa	aid For" (Total o	r Independ	dent) is the	and, enter 3. e highest numb	er fo	und in the	э ар	propriate bo	x in co	lumn 1.	